

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

1 Name of organization Lassa for Assembly		Employer identification number 39 1786534
2 Mailing address (P.O. Box or number, street, and room or suite number) PO Box 483, City or town, state, and ZIP code Plover, WI 54467		
3 E-mail address of organization jlassa@a2a.net		
4a Name of custodian of records Cathy LaHaye	4b Custodian's address 509 Island Dr, DeForest, WI 53532	
5a Name of contact person Julie Lassa	5b Contact person's address 3321 Hoffman Dr, Plover, WI 54467	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

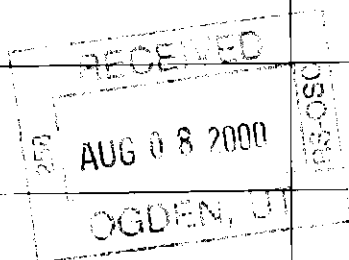
Part II Purpose

7 Describe the purpose of the organization

Campaign committee for Representative Julie Lassa

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
None		



9a Name

List of All Contacts	Date	Time	Location	9b Title
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]


9c Address

Name _____

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

it is true, correct, and complete.


Signature of authorized official

7-31-00
Date



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